

**INSTRUCTIONS**

**1** executed within **24 hours** after death.

**TO ATTENDING PHYSICIAN:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

**VS AISC 1-55 10M**

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1031

# CERTIFICATE OF DEATH

01007

Reg. Dist. No. 260

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>Md.</u>		COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Princess Anne</u>				TOWN <u>Princess Anne</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>George</u> (Middle) <u>H.</u> (Last) <u>Alder</u>				(Month) <u>Jan.</u> (Day) <u>26</u> (Year) <u>1956</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, <u>divorced</u>	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>male</u>	<u>white</u>		<u>Nov. 9, 1906</u>	<u>49</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Farming</u>		<u>farming</u>		<u>Tennessee</u>		<u>U.S.A.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>Fohn H. Alder</u>				<u>Maude M. Garrett</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>no</u>		<u>no</u>		<u>Mr Roy Alder Princess anne, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A) <u>420.1</u>				Coronary Thrombosis			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				Dyspepsia Ulcer			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		INTERVAL BETWEEN ONSET AND DEATH	
				YES <input type="checkbox"/> NO <input type="checkbox"/>		<u>4 hrs.</u>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
<input type="checkbox"/>				<u>none</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21a. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21i. HOW DID INJURY OCCUR?			
		M. <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>Nov</u> , 19 <u>55</u> , to <u>Jan 26</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Jan 26</u> , 19 <u>56</u> , and that death occurred at <u>4:30 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>D. Frank Gigant</u>				ADDRESS (Street, city, town, field) <u>20 Prince William St Princess Anne</u>			
DATE <u>1/28/56</u>				DATE SIGNED <u>20 Prince William St Princess Anne</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>burial</u>		<u>1-28, 1956</u>		<u>Manokin Presbyterian Cem.</u>		<u>Princess anne, Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE <u>1/28/56</u>		<u>R. S. Johnson M.D.</u>		<u>Levin R. Wilson</u>		<u>Pr. Anne, Md.</u>	

# CERTIFICATE OF DEATH

1933

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE, MD

Birth Date 1900

At Death Address of Person Deceased

John H. Adams  
Princess Anne

Married

John Adams

Princess Anne

Jan 18 1900

Adams

George

SS

Nov 4, 1900

divorced

white

Male

U.S.A.

Princess Anne

Princess Anne

Princess Anne

George H. Adams

John H. Adams

no

no

Princess Anne

Princess Anne

Princess Anne

Princess Anne

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BUREAU V. S.

FEB 1 1936

RECEIVED

Princess Anne

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Princess Anne

1

INSTRUCTIONS

**TO ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1032

## CERTIFICATE OF DEATH

01008

Reg. Dist. No. 760

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Somerset</u>		STATE <u>Maryland</u>		COUNTY <u>Somerset</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Princess Anne</u>		<u>16 yrs.</u>		TOWN <u>Princess Anne, Md.</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
<u>Antioch Ave</u>							
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>Thomas</u> (Middle) <u>Henry</u> (Last) <u>Brittingham</u>				(Month) <u>January</u> (Day) <u>23</u> (Year) <u>1956</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>male</u>	<u>white</u>	<u>widowed</u>	<u>Feb. 23, 1862</u>	<u>93</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Farmer</u>				<u>Maryland</u>		<u>U.S.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>William Brittingham</u>				<u>Emmaline Richards</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>no</u> (If Yes, give war or dates of service)		<u>none</u>		<u>Everett Brittingham, Princess Ann</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
331X IMMEDIATE CAUSE (A) <u>Cerebral vascular accident</u>						<u>1/2 hour</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>arteriosclerotic vascular dis.</u>						<u>3 years</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Hemorrhage 1-23-56</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
<u>1-19-56</u>		<u>INGUINAL HERNIA</u>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10:39</u> , 19 <u>55</u> , to <u>1-23</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1-23</u> , 19 <u>56</u> , and that death occurred at <u>9:10 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Geo M Dunn</u>				ADDRESS (Street, city, town, state) <u>Princess Anne Md.</u>			
DATE <u>1-25-56</u>				DATE SIGNED <u>1-24-56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>burial</u>		<u>Jan. 25, 1956</u>		<u>Salem Methodist</u>		<u>Pocomoke City Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>1/25/56</u>		<u>R. S. Johnson, M.D.</u>		<u>James L. Berman</u>		<u>Princess Anne, Md.</u>	

25

# CERTIFICATE OF DEATH

Reg. Dist. No. 528

1. Name of Deceased: JOHN A. BROWN

2. Sex: MALE

3. Age: 45

4. Date of Birth: 10-15-1900

5. Place of Birth: BALTIMORE, MD.

6. Race: WHITE

7. Occupation: CLERK

8. Cause of Death: HEART DISEASE

9. Date of Death: 1-15-1956

10. Place of Death: HOME

11. Signature of Physician: [Signature]

12. Signature of Registrar: [Signature]

13. Signature of Coroner: [Signature]

14. Signature of Medical Examiner: [Signature]

15. Signature of Burial Officer: [Signature]

16. Signature of Undertaker: [Signature]

17. Signature of Funeral Home: [Signature]

18. Signature of Cemetery: [Signature]

19. Signature of Burial: [Signature]

20. Signature of Interment: [Signature]

21. Signature of Burial: [Signature]

22. Signature of Interment: [Signature]

23. Signature of Burial: [Signature]

24. Signature of Interment: [Signature]

25. Signature of Burial: [Signature]

26. Signature of Interment: [Signature]

27. Signature of Burial: [Signature]

28. Signature of Interment: [Signature]

29. Signature of Burial: [Signature]

30. Signature of Interment: [Signature]

31. Signature of Burial: [Signature]

32. Signature of Interment: [Signature]

33. Signature of Burial: [Signature]

34. Signature of Interment: [Signature]

35. Signature of Burial: [Signature]

36. Signature of Interment: [Signature]

37. Signature of Burial: [Signature]

38. Signature of Interment: [Signature]

39. Signature of Burial: [Signature]

40. Signature of Interment: [Signature]

BUREAU V. S.

JAN 26 1956

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MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**  
 FOR MEDICAL EXAMINERS

1933

Reg. Dist. No. ....

1. PLACE OF DEATH COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Wenona</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Wenona</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>John</u>	(Middle) <u>R.</u>	(Last) <u>Campbell</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, <u>Married</u>	8. DATE OF BIRTH <u>March 24, 1890</u>
9. AGE last birthday <u>65</u> yrs.		4. DATE OF DEATH (Month) <u>Jan.</u> (Day) <u>11</u> (Year) <u>1956</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>retired Machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>New Jersey</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Joseph Campbell</u>		14. MOTHER'S MAIDEN NAME <u>Rosa Wheatley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>no</u>	
17. INFORMANT <u>Mrs. Gladys Campbell Wenona, Md.</u>			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>241X</u> Immediate cause (a) <u>Acute coronary heart disease</u> Antecedent cause(s) (b) <u>Atherosclerotic heart disease</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Chronic Asthma</u>			INTERVAL BETWEEN ONSET AND DEATH <u>year</u> <u>year</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death <u>was dead when I was called</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE <u>Robt. M. D.</u>		ADDRESS <u>Princess Anne, Md.</u> DATE SIGNED <u>Jan 14-56</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>burial</u>		DATE THEREOF <u>I-15-1956</u>	
NAME OF CEMETERY OR CREMATORY <u>St. John Cemetery</u>		LOCATION (City, town, or county) (State) <u>Deal Island, Maryland</u>	
DATE REC'D BY LOCAL REG. <u>1-15-56</u>		24. FUNERAL DIRECTOR <u>Lola J. Wheatley</u> ADDRESS <u>Princess Anne, Maryland</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. B.

JAN 17 1956

RECEIVED



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INSTRUCTIONS

**TO ATTENDING PHYSICIAN OF HOSPITAL:** The law requires that the death certificate be completed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01011

1935

## CERTIFICATE OF DEATH

Reg. Dist. No. 360

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>SOMERSET</u>		MARYLAND		STATE		COUNTY <u>SOMERSET</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>PRINCESS ANNE</u>		<u>LIFE TIME</u>		TOWN <u>PRINCESS ANNE</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>MARY</u> (Middle) <u>COLLINS</u> (Last)				(Month) <u>I</u> (Day) <u>15</u> (Year) <u>56</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>FEMALE</u>	<u>COLORED</u>	<u>SINGLE</u>		<u>70</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>MIDWIFE</u>		<u>MIDWIFE</u>		<u>SOMERSET COUNTY MARYLAND</u>		<u>USA.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>JOHN MORRIS</u>				<u>ANNIE COLLINS</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
				<u>GOLDON HANDY PRINCESS ANNE MD</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Cardiac DeCompensation &amp; Venous</u>						<u>6 months</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Stasis</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept 20, 56</u> , to <u>Jan 15, 56</u> , that I last saw the deceased alive on <u>Jan 14, 56</u> , and that death occurred at <u>7:30 AM</u> , from the causes and on the date stated above.							
SIGNATURE <u>Gordon G. Mankman</u> M.D.				ADDRESS (Street, city, town, state) <u>Princess Anne, Md</u>		DATE SIGNED <u>1-17-56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>BURIAL</u>		<u>1/20/56</u>		<u>MOUNT HOPE</u>		<u>PRINCESS ANNE MD</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>1/18/56</u>		<u>R. S. Johnson, M.D.</u>		<u>William H. James Jr. Princess Anne, Md</u>			

[illegible]

BUREAU V. S.

JAN 28 1956

RECEIVED



## CERTIFICATE OF DEATH

Reg. Dist. No. 265

1028

## I. PLACE OF DEATH:

COUNTY **Somerset** MARYLAND  
 CITY (If outside corporate limits, write RURAL OR and give nearest town) **Crisfield** LENGTH OF STAY (in this place) **30 years**  
 HOSPITAL OR INSTITUTION OR STREET ADDRESS **326 Pine St.**

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE **Maryland** COUNTY **Somerset**  
 CITY (If outside corporate limits, write RURAL and give nearest town) **Crisfield**  
 STREET ADDRESS (If rural give location) **326 Pine St.**

## 3. NAME OF DECEASED:

(First)

(Middle)

(Last)

(Type or Print)

**LAURA****HOWETH****DAUGHERTY**

## 4. DATE OF DEATH:

(Month)

(Day)

(Year)

**January 17****19 56**

## 5. SEX:

## 6. COLOR OR RACE:

## 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

## 8. DATE OF BIRTH:

## 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.

**Female****White****Widowed****July 31, 1862****93**

yrs.

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)

**Housewife**

## 10b. KIND OF BUSINESS OR INDUSTRY:

**At Home**

## 11. BIRTHPLACE (State or foreign country):

**Western Shore of Virginia**

## 12. CITIZEN OF WHAT COUNTRY?

**USA**

## 13. FATHER'S NAME:

**Thomas Dodson**

## 14. MOTHER'S MAIDEN NAME:

**unknown**

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

**No**

(If Yes, give war or dates of service)

## 16. SOCIAL SECURITY No.:

**None**

## 17. INFORMANT &amp; ADDRESS:

**S. Somerset Ave.****Charles W. Howeth- Crisfield, Md.**

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

**Immediate cause**

DUE TO

## Antecedent causes (s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO

(c)

**Cerebral Hemorrhage -****Chronic Int Nephritis, Chronic Myocarditis, General Arteriosclerosis**

## Interval Between Onset And Death

**1 wk.****years**

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION:

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY ?

Yes ☐ No ☐

## 21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While at Work ☐

HOW DID INJURY OCCUR ?

22. I hereby certify that I attended the deceased from **Actual date** **46** since **19 56**, to **Jan. 17, 1956**, that I last saw the deceasedalive on **Jan. 17, 1956**, and that death occurred at **6:00 P.M.**, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

## 23. BURIAL, CREMATION, REMOVAL (Specify)

## DATE THEREOF

## NAME OF CEMETERY OR CREMATORY

## LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REGISTRAR

## REGISTRAR'S SIGNATURE

## 24. FUNERAL DIRECTOR

## ADDRESS

**Jan. 20, 1956****Nellie D. Payne****Bradshaw & Sons--Crisfield, Md.**

MARGIN RESERVED FOR BINDING

RECEIVED

FEB 3 1956

BUREAU V. S.

1

INSTRUCTIONS

**TO ATTENDING PHYSICIAN & HOSPITAL:** The law requires that the death certificate be filed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01013

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN Crisfield		4 hours		TOWN Crisfield			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
79 McCready Hospital				Jacksonville Section			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) GREGORY		(Middle) WARREN		(Last) DIZE		(Month) (Day) (Year)	
						January 13 19 56	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
Male	White	Single	February 20, 1955	0 yrs.	Months 10	Days 23	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
None		None		Crisfield, Maryland		USA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
Donald Warren Dize				Virginia Lane Dize			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
No		None		Rt.#1 Box 49 B Donald W. Dize-- Crisfield, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
571.0 IMMEDIATE CAUSE (A)						INTERVAL BETWEEN ONSET AND DEATH	
HEART FAILURE						15 min	
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE						3 days	
STATING UNDERLYING CAUSE LAST, DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work Not while at work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 12, 19 56, to Jan 13, 19 56, that I last saw the deceased alive on Jan 13, 19 56, and that death occurred at 9 P.M. from the causes and on the date stated above.							
SIGNATURE				ADDRESS (Street, city, town, state)		DATE SIGNED	
A. N. Ban				Crisfield, Md.		Jan 14, 1956	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county)	
Burial		Jan. 15, 1956		Sunnyridge Cemetery		Crisfield, Md.	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE			
		Barbara S. Malone		ADDRESS			
DATE 1/16/56				Bradshaw & Sons—Crisfield, Md.			

2079242375

# CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE		4. RACE		5. PLACE OF BIRTH		6. PLACE OF DEATH	
[Faint text]		[Faint text]		[Faint text]		[Faint text]		[Faint text]		[Faint text]	
7. OCCUPATION		8. CAUSE OF DEATH		9. MANNER OF DEATH		10. DATE OF DEATH		11. TIME OF DEATH		12. SIGNATURE OF PHYSICIAN	
[Faint text]		[Faint text]		[Faint text]		[Faint text]		[Faint text]		[Faint text]	
13. SIGNATURE OF REGISTRAR		14. SIGNATURE OF WITNESS		15. SIGNATURE OF CLERK		16. SIGNATURE OF JUDGE		17. SIGNATURE OF SHERIFF		18. SIGNATURE OF CORONER	
[Faint text]		[Faint text]		[Faint text]		[Faint text]		[Faint text]		[Faint text]	

BUREAU V. S.

JAN 20 1956

RECEIVED

Reg. Dist. No. 463

1023

## INSTRUCTIONS

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <b>Somerset</b>		STATE <b>Somerset</b> COUNTY <b>Maryland</b>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	
39 <b>Crisfield</b>	<b>lifetime</b>	<b>Crisfield</b>	39
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
<b>Chesapeake Ave.</b>		<b>Chesapeake Ave.</b>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) (Middle) (Last)		(Month) (Day) (Year)	
<b>WILLIAM M. EVANS</b>		<b>January 14 1956</b>	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
<b>Male</b>	<b>White</b>	<b>Single</b>	<b>May 3, 1899</b>
9. AGE last birthday		IF UNDER 1 YEAR	
<b>56</b> yrs.		Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
<b>Painter</b>		<b>For Himself</b>	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<b>Crisfield, Maryland</b>		<b>USA</b>	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
<b>John M. Evans</b>		<b>Harriet Virginia Bozman</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	
<b>Yes</b> <b>World War II</b>			
17. INFORMANT & ADDRESS		18. MEDICAL CERTIFICATION	
<b>Sheriff Isaac Dorsey-Crisfield, Md.</b>		<p>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</p> <p>420.1 IMMEDIATE CAUSE (A) <b>Coronary Disease</b></p> <p>ANTECEDENT CAUSE(S) DUE TO (B) <b>Arterio Sclerosis</b></p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)</p> <p>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</p> <p><b>William H. Coulbourn, M.D.</b> <b>DEPUTY MEDICAL EXAMINER</b> <b>FOR SOMERSET COUNTY, MD.</b></p>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED White <input type="checkbox"/> Not while at work <input type="checkbox"/> M. at work <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <b>He was dead before</b> that I last saw the deceased			
and that death occurred <b>on 1-14-56 P.M.</b> from the causes and on the date stated above.			
SIGNATURE <b>Wm H Coulbourn</b> M.D.		ADDRESS (Street, city, town, state) <b>Crisfield Md</b>	
DATE SIGNED <b>Jan 17, 56</b>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF	
<b>Burial</b>		<b>Jan. 17, 1956</b>	
NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<b>American Legion Cemetery</b>		<b>Crisfield, Maryland</b>	
24. REC'D BY REGISTRAR		25. FUNERAL DIRECTOR'S SIGNATURE	
REGISTRAR'S SIGNATURE <b>Barbara S. Adams</b>		ADDRESS	
DATE <b>1/30/56</b>		<b>Bradshaw &amp; Sons--Crisfield, Md.</b>	

# CERTIFICATE OF DEATH

Form No. 100

IN DEATH CERTIFICATE NUMBER OF RECORD

DATE OF DEATH

NAME AND

RESIDENCE

LOCAL

AGE

SEX

RACE

RELIGION

CAUSE OF DEATH

MANNER OF DEATH

PLACE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

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BUREAU V. 2

FEB 6 1956

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FEB 6 1956  
BUREAU V. 2



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01015

Item 9, Film 101-1-16-56 et

## CERTIFICATE OF DEATH

Reg. Dist. No. 2461-

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <i>Somerset</i>	MARYLAND	STATE <i>Maryland</i>	COUNTY <i>Somerset</i>
CITY (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	
<i>Marion Station</i>	<i>all of life</i>	<i>Marion Station</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
<i>R1 Bot 177</i>		<i>R1 Bot 177</i>	
3. NAME OF DECEASED: (First) (Middle) (Last)		4. DATE (Month) (Day) (Year)	
<i>Edna R Gross</i>		DATE OF DEATH: <i>Jan. 2 1956</i>	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:
<i>female</i>	<i>negro</i>	<i>widowed</i>	<i>April 15, 1901</i>
9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
<i>54</i>	<i>56</i> yrs.	Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):		10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):
<i>House work</i>			<i>Somerset</i>
12. CITIZEN OF WHAT COUNTRY?			
<i>U. S.</i>			
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
<i>John B Handy</i>		<i>Gertrude Spencer</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
<i>no</i>			
17. INFORMANT AND ADDRESS:			
<i>John B. Handy (Father)</i>			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)			
<i>Cerebral Hemorrhage</i>			<i>Four hours</i>
ANTECEDENT CAUSE (S)			
<i>Essential Hypertension (Primary)</i>			<i>Five years</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
<i>0</i>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.	
		21C. WHERE DID (City or town) (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work	
		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>July 22, 1955</i> , to <i>Sept 29, 1955</i> , that I last saw the deceased alive on <i>Sept 29, 1955</i> , and that death occurred at <i>3:00 P.M.</i> from the causes and on the date stated above.			
SIGNATURE		DATE SIGNED	
<i>A. N. Ben</i>		<i>1/3/56</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		NAME OF CEMETERY OR CREMATORY	
<i>Burial</i>		<i>Branch Cemetery</i>	
DATE REC'D BY LOCAL REGISTRAR		24. FUNERAL DIRECTOR	
<i>1-4-56</i>		<i>George W. Silghman - Marion</i>	

BUREAU V. S.

AN 9 1958

RECEIVED

## CERTIFICATE OF DEATH

Reg. Dist. No. 260

1038

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY <u>SOMERSET</u> MARYLAND			STATE <u>MARYLAND</u> COUNTY <u>SOMERSET</u>		
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>PRINCESS ANNE, MD.</u>			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>PRINCESS ANNE, MD.</u>		
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS (If rural give location)		
3. NAME OF DECEASED:			4. DATE (Month) (Day) (Year)		
(First) (Middle) (Last)			OF DEATH:		
<u>CELESTE M. HAYMAN</u>			<u>1/9/56</u> 19		
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR
<u>FEMALE</u>	<u>COLORED.</u>	<u>MARRIED</u>	<u>2/4/1885</u>	<u>70</u> yrs.	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):			10B. KIND OF BUSINESS OR INDUSTRY:		
<u>RETIRED</u>			<u>SCHOOL TEACHER</u>		
11. BIRTHPLACE (State or foreign country):			12. CITIZEN OF WHAT COUNTRY?		
<u>FAIRMOUNT, MD. SOMERSET</u>			<u>USA.</u>		
13. FATHER'S NAME:			14. MOTHER'S MAIDEN NAME:		
<u>EDWARD WATERS</u>			<u>MARTHA TILGHMAN</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)			16. SOCIAL SECURITY NO.		
(If Yes, give war or dates of service)			17. INFORMANT & ADDRESS:		
			<u>WILLIAM H. HAYMAN PRINCESS ANNE, MD.</u>		

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
350x IMMEDIATE CAUSE (A) <u>Paralysis Agitans</u>		<u>8 years</u>
ANTECEDENT CAUSE (S) (B) <u>DUE TO</u>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		
(C) <u>DUE TO</u>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Nov. 16, 1948</u> to <u>Jan 8<sup>th</sup>, 1956</u> that I last saw the deceased alive on <u>Jan 7<sup>th</sup>, 1956</u> , and that death occurred at <u>4.00 PM</u> , from the causes and on the date stated above.					
SIGNATURE		ADDRESS		DATE SIGNED	
<u>Eldon G. Mathoman</u>		<u>M. D. Princess Anne MD</u>		<u>1.10.56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY	
<u>BURIAL</u>		<u>1/11/56</u>		<u>CENTINNEL CEMETERY</u>	
LOCATION (City, town, or county) (State)		24. GENERAL DIRECTOR ADDRESS			
<u>FAIRMOUNT, MARYLAND</u>		<u>William H. James Jr. Princess Anne, MD</u>			
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. GENERAL DIRECTOR ADDRESS	
<u>1/10/56</u>		<u>R. S. Johnson, M.D.</u>		<u>William H. James Jr. Princess Anne, MD</u>	

MARGIN RESERVED FOR BINDING

BUREAU V. S.

JAN 13 1955

RECEIVED

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

1033

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <i>Somerset</i>	MARYLAND	STATE <i>Md</i>	COUNTY <i>Somerset</i>
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Chance</i>	LENGTH OF STAY (In this place) <i>Life</i>	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Chance Md</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>— Died at Home.</i>		STREET ADDRESS (If rural, give location) <i>—</i>	
3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First) <i>Lucy</i>	(Middle)	(Last) <i>HOLBROOK</i>	(Month) <i>JAN</i> (Day) <i>20</i> (Year) <i>1946</i>
SEX: <i>Female</i>	6. COLOR OR RACE: <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <i>Married</i>	8. DATE OF BIRTH: <i>Dec. 16 - 1904</i>
9. AGE last birthday: <i>51</i> yrs.		IF UNDER 1 YEAR: Months <i>—</i> Days <i>—</i> Hours <i>—</i> Min. <i>—</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <i>Seafood Industry</i>		10b. KIND OF BUSINESS OR INDUSTRY: <i>Oyster &amp; crab</i>	
11. BIRTHPLACE (State or foreign country): <i>Chance Md</i>		12. CITIZEN OF WHAT COUNTRY: <i>USA</i>	
13. FATHER'S NAME: <i>CHARLES WRIGHT</i>		14. MOTHER'S MAIDEN NAME: <i>RACHAEL JONES</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If Yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY No.: <i>213-22-7573</i>	
17. INFORMANT & ADDRESS: <i>George Holbrook -</i>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		
Immediate cause (a) <i>Pemphigus Vegetans</i>	DUE TO	<i>6 mths</i>
Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO	
(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION:		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
19b. MAJOR FINDINGS OF OPERATION:		
21. ACCIDENT (Specify) <i>SUICIDE</i>	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from <i>Aug 19 1955</i> to <i>Jan 20 1956</i> , that I last saw the deceased alive on <i>Jan 20 1956</i> , and that death occurred at <i>Jan 21 12:30 PM</i> , from the causes and on the date stated above.	
SIGNATURE <i>Eldon G. M. Harrison</i>	DATE SIGNED <i>1-21</i>
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>1-22-56</i>
NAME OF CEMETERY OR CREMATORY <i>St Charles Cemetery</i>	LOCATION (City, town, or county) (State) <i>Chance Md</i>
DATE REC'D BY LOCAL REG. <i>1/28/56</i>	REGISTRAR'S SIGNATURE <i>Lala J. Wheatley</i>
24. FUNERAL DIRECTOR <i>L. Swisher - Deaf Branch Md</i>	

MARGIN RESERVED FOR BINDING

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

FEB 3 1956

RECEIVED



## CERTIFICATE OF DEATH

Reg. Dist. No. 265

Item 2, File 6192 2-6-56 et

## 1. PLACE OF DEATH:

COUNTY Somerset MARYLAND  
CITY (If outside corporate limits, write RURAL and give nearest town) EWELL  
OR TOWN EWELL LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY SomersetCITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EWELL

STREET ADDRESS (If rural, give location)

## 3. NAME OF DECEASED:

(First)

(Middle)

(Last)

Edward Aaron Jones

## 5. SEX:

## 6. COLOR OR RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED  
(Specify): married

## 8. DATE OF BIRTH:

4. DATE (Month) (Day) (Year)

OF DEATH: Jan. 18 19569. AGE last birthday: 72 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS.  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

waterman

11. BIRTHPLACE (State or foreign country):

USA

12. CITIZEN OF WHAT COUNTRY?

USA

## 13. FATHER'S NAME:

Edward Rufus Jones

## 14. MOTHER'S MAIDEN NAME:

Hester Anne Messick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

no

## 16. SOCIAL SECURITY No.:

no

## 17. INFORMANT &amp; ADDRESS:

Tawes Jones, Ewell, Md (son)

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause

(a) Pulmonary edema  
DUE TO

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) failure of compensation  
DUE TO(c) Hypertension, enlarged heart

INTERVAL BETWEEN ONSET AND DEATH

1 month2-3mo.10 yrs

## II. OTHER SIGNIFICANT CONDITIONS:

Conditions contributing to the death but not related to the disease or condition causing death. none

## 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

## 20. AUTOPSY?

Yes ☐ No ☒21. ACCIDENT (Specify)  
SUICIDE  
HOMICIDEPLACE (Home, farm, factory, street, OF office bldg., etc.)  
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)  
OF INJURYINJURY OCCURRED  
While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 53, to Jan. 17 56 that I last saw the deceased alive on Jan. 17 1956, and that death occurred at 6 A. m., from the causes and on the date stated above.  
SIGNATURE Barbara Hunt (DEGREE OR TITLE) ADDRESS M.D. Ewell, Md. DATE SIGNED Jan. 18, 1956

23. BURIAL, CREMATION REMOVAL (Specify):

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

1/22/56Barbara S. AdamsBradshaw & Sons, Cumfords, Md.

MARGIN RESERVED FOR BINDING

RECEIVED

FEB 3 1956

BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01019

1041

## CERTIFICATE OF DEATH

Reg. Dist. No.

265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <b>Somerset</b>		MARYLAND		STATE <b>Maryland</b>		COUNTY <b>Somerset</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) <b>X</b> TOWN <b>Crisfield</b>		LENGTH OF STAY (in this place) <b>one week</b>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Crisfield</b> <b>39</b>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>79 McCready Hospital</b>				STREET ADDRESS (If rural give location) <b>323 Pine St.</b>			
3. NAME OF DECEASED: (First) (Middle) (Last) <b>FRANK UPSHUR JONES</b>				4. DATE (Month) (Day) (Year) OF DEATH: <b>January 18 19 56</b>			
5. SEX: <b>Male</b>	6. COLOR OR RACE: <b>White</b>	7. SINGLE. MARRIED. WIDOWED, DIVORCED. (Specify): <b>Married</b>	8. DATE OF BIRTH: <b>July 18, 1870</b>	9. AGE last birthday <b>85</b> yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <b>Tailor</b>		10B. KIND OF BUSINESS OR INDUSTRY: <b>For Himself</b>		11. BIRTHPLACE (State or foreign country): <b>Pocomoke City, Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME: <b>Francis U. Jones</b>				14. MOTHER'S MAIDEN NAME: <b>Ella Powell</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>214-32-7241</b>		17. INFORMANT & ADDRESS: <b>323 Pine St. Mrs. Frank U. Jones—Crisfield, Md.</b>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <b>442X Acute Dil. of Heart - Uremia</b>						<b>1 wk.</b>	
ANTECEDENT CAUSE (B) <b>myocarditis &amp; Nephritis</b>						<b>years -</b>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <b>General Arteriosclerosis</b>						<b>years -</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <b>0</b>		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Jan 11, 1956</b> , to <b>Jan 18, 1956</b> , that I last saw the deceased alive on <b>Jan 18, 1956</b> , and that death occurred at <b>8:00 AM</b> , from the causes and on the date stated above. SIGNATURE <b>George B. Broun</b> ADDRESS <b>M. D. Marion St. Md.</b> DATE SIGNED <b>1-20-56</b>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		DATE THEREOF <b>Jan. 20, 1956</b>		NAME OF CEMETERY OR CREMATORY <b>Sunnyridge Cemetery</b>		LOCATION (City, town, or county) (State) <b>Crisfield, Maryland</b>	
DATE REC'D BY LOCAL REGISTRAR <b>1-20-56</b>		REGISTRAR'S SIGNATURE <b>Nellie D. Payne</b>		24. FUNERAL DIRECTOR <b>Bradshaw &amp; Sons—Crisfield, Md.</b>		ADDRESS	

RECEIVED

FEB 3 1956

BUREAU V. S.

1042

## CERTIFICATE OF DEATH

Reg. Dist. No. 360

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>SOMERSET</u>	MARYLAND	STATE <u>MARYLAND</u>	COUNTY <u>SOMERSET</u>
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>WESTOVER MD</u>	LENGTH OF STAY (in this place) <u>LIFE TIME</u>	CITY (If outside corporate limits, write RURAL and give nearest town) OR <u>TOWN WESTOVER MD.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>RT 1</u>		STREET ADDRESS (If rural give location) <u>RT 1</u>	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year) OF DEATH:	
(Type or Print) <u>ELIZABETH</u>	(First) <u>KING</u>	<u>1/3/56</u> 19 <u>56</u>	
5. SEX: <u>FEMALE</u>	6. COLOR OR RACE: <u>COLORED</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>MARRIED</u>	8. DATE OF BIRTH: <u>?</u>
9. AGE last birthday <u>68</u> yrs.		IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>domestic</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>HOUSE WIFE</u>	
11. BIRTHPLACE (State or foreign country): <u>SOMERSET COUNTY, MD.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>	
13. FATHER'S NAME: <u>JAMES JONES</u>		14. MOTHER'S MAIDEN NAME: <u>LERAH STEWART</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT & ADDRESS: <u>JESSIE KING WESTOVER MD. RT. 1.</u>			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE <u>593X</u>			<u>1 week</u>
ANTECEDENT CAUSE (S)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
(A) <u>Uremia</u>			<u>2 months</u>
(B) <u>Nephritis</u>			<u>3 weeks</u>
(C) <u>Cardiac Decompensation</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>none</u>			
19A. DATE OF OPERATION: <u>0 none</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>none</u>	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>none</u>	
22. I hereby certify that I attended the deceased from <u>Dec 31, 1955</u> , to <u>Jan 3, 1956</u> , that I last saw the deceased alive on <u>Jan 2, 1956</u> , and that death occurred at <u>10:30 P.M.</u> from the causes and on the date stated above.			
SIGNATURE <u>B. Frank Pigant</u>		DATE SIGNED <u>Jan 5, 1956</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>1/8/56</u>	
NAME OF CEMETERY OR CREMATORY <u>Flower Hill</u>		LOCATION (City, town, or county) <u>Eden, Md</u>	
DATE REC'D BY LOCAL REGISTRAR <u>1/6/56</u>		REGISTRAR'S SIGNATURE <u>R.S. Johnson, M.D.</u>	
24. FUNERAL DIRECTOR <u>William H. Jones</u>		ADDRESS <u>Princess Anne</u>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JAN 9 1956

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INSTRUCTIONS

**TO ATTENDING PHYSICIAN** HOSPITAL: The law requires that the death certificate be completed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01021

1943

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH COUNTY <b>Somerset</b> CITY (If outside corporate limits, write RURAL and give nearest town) <b>Crisfield</b> TOWN <b>Crisfield</b> HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>McCready Hospital</b>				2. USUAL RESIDENCE (HOME) OF DECEASED STATE <b>Maryland</b> COUNTY <b>Somerset</b> CITY (If outside corporate limits, write RURAL and give nearest town) <b>Crisfield</b> TOWN <b>Crisfield</b> STREET ADDRESS (If rural give location) <b>Lawsonia Section</b>			
3. NAME OF DECEASED (Type or Print) (First) <b>BEATRICE</b> (Middle) <b>LEE</b> (Last) <b>LAWSON</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>January 11 1956</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 13, 1912</b>	9. AGE last birthday <b>43</b> yrs.	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Assembly</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Cutlery Mfg.</b>		11. BIRTHPLACE (State or foreign country) <b>Crisfield, Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>James T. Somers</b>				14. MOTHER'S MAIDEN NAME <b>Sadie Lewis</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <b>no</b>		16. SOCIAL SECURITY NO. <b>218-20-6025</b>		17. INFORMANT & ADDRESS <b>Rt. 1-Box 293 Herbert L. Lawson, Jr.--Crisfield, Md.</b>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <b>5 mos</b>	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <b>155X IMMEDIATE CAUSE (A) Carcinoma of luteal ducts</b>							
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION <b>Nov. 10, 1955</b>		19b. MAJOR FINDINGS OF OPERATION <b>Bladder - complete obstruction</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> A. <input type="checkbox"/>		21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Oct. 10</b> , 19 <b>55</b> , to <b>Jan. 11</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>Jan. 11</b> , 19 <b>56</b> , and that death occurred at <b>11.00</b> A.M. from the causes and on the date stated above. SIGNATURE <b>Sarah M. Peyton</b> M.D. <b>33 W. Main St. Crisfield Md</b> DATE SIGNED <b>1/12/56</b>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		DATE THEREOF <b>Jan. 13, 1956</b>		NAME OF CEMETERY OR CREMATORY <b>Sunnyridge Cemetery</b>		LOCATION (City, town, or county) (State) <b>Crisfield, Md.</b>	
24. REC'D BY REGISTRAR DATE <b>1/16/56</b>		REGISTRAR'S SIGNATURE <b>Barbara S. Ledome</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Bradshaw &amp; Sons--Crisfield, Md.</b>			

BUREAU V. S.

JAN 20 1956

RECEIVED

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## CERTIFICATE OF DEATH

Reg. Dist. No. *265*

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <b>Somerset</b>		MARYLAND		STATE <b>Maryland</b>		COUNTY <b>Somerset</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) <b>X TOWN</b>		LENGTH OF STAY (in this place) <b>4 weeks</b>		CITY (If outside corporate limits, write RURAL and give nearest town) <b>TOWN</b>		<b>Crisfield</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>McCready Hospital</b>				STREET ADDRESS (If rural give location) <b>Asbury Ave., Ext.</b>			
3. NAME OF DECEASED: (First) <b>JOHN</b>		(Middle) <b>NELSON</b>		(Last) <b>LAWSON</b>		4. DATE OF DEATH: (Month) <b>January</b> (Day) <b>30</b> (Year) <b>19 56</b>	
5. SEX: <b>Male</b>		6. COLOR OR RACE: <b>White</b>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <b>married</b>		8. DATE OF BIRTH: <b>March 6, 1881</b>	
9. AGE last birthday: <b>74</b> yrs.		10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): <b>waterman</b>		10b. KIND OF BUSINESS OR INDUSTRY: <b>Seafood Industry</b>		11. BIRTHPLACE (State or foreign country): <b>Crisfield, Md.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME: <b>Isaac Lawson</b>		14. MOTHER'S MAIDEN NAME: <b>Sarah Ann Sterling</b>			
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <b>No</b>		16. SOCIAL SECURITY No.: (If Yes, give war or dates of service)		17. INFORMANT & ADDRESS: <b>Nelson Lawson--R.F.D. Crisfield, Md.</b>			

18. MEDICAL CERTIFICATION				Interval Between Onset And Death	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
Immediate cause (a) <b>Cerebral Thrombosis &amp; hemiplegia</b>				<b>28 days</b>	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) <b>Coronary Thrombosis</b>				<b>28 days</b>	
(c) <b>Arterio sclerosis</b>				<b>years.</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) <b>SUICIDE</b>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <b>HOMICIDE</b>		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Nov. 19 55</b> , to <b>Jan 30</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>Jan 30</b> , 19 <b>56</b> , and that death occurred at <b>2:42 A.M.</b> , from the causes and on the date stated above.					
SIGNATURE <b>C. Rawley M.D.</b>		(Degree or title)		DATE SIGNED <b>2/1/56</b>	
23. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		DATE THEREOF <b>Feb. 1, 1956</b>		NAME OF CEMETERY OR CREMATORY <b>Sunnyridge Cemetery</b>	
LOCATION (City, town, or county) (State) <b>Crisfield, Md.</b>		DATE REC'D BY LOCAL REGISTRAR <b>2/1/56</b>		REGISTRAR'S SIGNATURE <b>Barbara S. Adams</b>	
24. FUNERAL DIRECTOR <b>Bradshaw &amp; Sons—Crisfield, Md.</b>		ADDRESS			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 14 1956

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

01022

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 760

1945

1. PLACE OF DEATH - COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>Maryland</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Manokin</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Manokin</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Stanley</u>	(Middle) <u>J.</u>	(Last) <u>Lease</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, <u>(Sp) married</u>	8. DATE OF BIRTH <u>March 27, 1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>	9. AGE last birthday <u>64</u> yrs. <u>19 56</u>
11a. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Garrett Lease</u>		14. MOTHER'S MAIDEN NAME <u>Ella Lease</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY No. <u>219-05-3054</u>	
17. INFORMANT <u>Mrs Ethal Lease Manokin, Md.</u>			

## 18. MEDICAL CERTIFICATION

## 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Shock and exposure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Fell into a deep ditch was there(c) several hours -INTERVAL BETWEEN ONSET AND DEATH ?

## 11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☒ No ☐21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY Dec 31 - 1955 m.INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR?

Fell into a drainage road ditch22. I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

1/3/56 R. E. Johnson, M.D.Teris R. WilsonPrincess Anne, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JAN 4 1956

RECEIVED



1

INSTRUCTIONS

**TO ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01023

1930

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>			
COUNTY <u>Somerset</u>		STATE <u>MARYLAND</u>		STATE <u>Maryland</u>		COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL or and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR	
TOWN <u>Crisfield</u>		<u>lifetime</u>		TOWN <u>Crisfield</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
<u>130 Maryland Ave.</u>				<u>130 Maryland Ave.</u>			
<b>3. NAME OF DECEASED</b> (Type or Print)				<b>4. DATE OF DEATH</b> (Month) (Day) (Year)			
(First) <u>LILLIAN</u> (Middle) <u>IRENE</u> (Last) <u>LEWIS</u>				January <u>5</u> 19 <u>56</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>Female</u>	<u>White</u>	<u>Married</u>	<u>February 2, 1903</u>	<u>52</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Canning inspector</u>			<u>Tomato Cannery</u>	<u>Crisfield, Maryland</u>		<u>USA</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>Irving Adams</u>				<u>Emily Somers</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>no</u>		<u>212-16-1371</u>		<u>130 Maryland Ave.</u> <u>William E. Lewis-- Crisfield, Md.</u>			
<b>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b>						<b>18. MEDICAL CERTIFICATION</b>	
420.1 IMMEDIATE CAUSE (A)						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST. DUE TO							
(C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY	
<u>0</u>		<u>Coronary Occlusion</u> <u>Arterio Sclerosis</u>				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> M. <input type="checkbox"/> el work <input type="checkbox"/> el work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1956</u> to <u>1956</u> that I last saw the deceased alive on <u>Jan 6</u> 19 <u>56</u> and that death occurred at <u>Crisfield Md</u> from the causes and on the date stated above.							
SIGNATURE		M.D.		ADDRESS (Street, city, town, state)		DATE SIGNED	
<u>Wm Houlbourn</u>		<u>Crisfield Md</u>		<u>Jan 6-1956</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Jan. 7, 1956</u>		<u>Crisfield Cemetery</u>		<u>Crisfield, Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE <u>1/9/56</u>		<u>Barbara S. Adams</u>		<u>Bradshaw &amp; Sons--Crisfield, Md.</u>			

WILLIAM H. HOULBOURN, M.D.  
DEPUTY MEDICAL EXAMINER  
FOR SOMERSET COUNTY, MD.

# CERTIFICATE OF DEATH

Reg. Dist. No.

Usual Residence of Decedent

Place of Death

State of Birth

MARYLAND

County

Age at Death

Years

Months

Days

Sex

Male

Female

Color

Marital Status

Single

Married

Widowed

Occupation

None

Student

Other

Cause of Death

Heart Disease

Stroke

Other

Manner of Death

Natural

Accident

Other

Place of Death

Home

Hospital

Other

Time of Death

10:00 AM

1:00 PM

Other

Signature of Physician

[Signature]

[Signature]

[Signature]

Signature of Registrar

[Signature]

[Signature]

[Signature]

Signature of Coroner

[Signature]

[Signature]

[Signature]

Signature of Medical Examiner

[Signature]

[Signature]

[Signature]

Signature of Health Officer

[Signature]

[Signature]

[Signature]

Signature of Burial Officer

[Signature]

[Signature]

[Signature]

Signature of Funeral Home

[Signature]

[Signature]

[Signature]

Signature of Cemetery

[Signature]

[Signature]

[Signature]

Signature of Burial Officer

[Signature]

[Signature]

[Signature]

Signature of Health Officer

[Signature]

[Signature]

[Signature]

Signature of Burial Officer

[Signature]

[Signature]

[Signature]

Signature of Funeral Home

[Signature]

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Signature of Cemetery

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[Signature]

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Signature of Burial Officer

[Signature]

[Signature]

[Signature]

Signature of Health Officer

[Signature]

[Signature]

[Signature]

Signature of Burial Officer

[Signature]

[Signature]

[Signature]

Signature of Funeral Home

[Signature]

[Signature]

[Signature]

Signature of Cemetery

[Signature]

[Signature]

[Signature]

Signature of Burial Officer

[Signature]

[Signature]

[Signature]

Signature of Health Officer

[Signature]

[Signature]

[Signature]

BUREAU V. S.

JAN 12 1956

RECEIVED

## CERTIFICATE OF DEATH

Reg. Dist. No. 365

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN Crisfield		2 weeks		TOWN Crisfield 39			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
79 McCready Hospital				314 Main St. 1			
3. NAME OF DECEASED: (First)		(Middle)		(Last)		4. DATE (Month) (Day) (Year)	
DECEASED: (Type or Print) AUSTIN		JAMES		LOREMAN, SR.		OF DEATH: January 20 19 56	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
Male	White	Widowed	March 9, 1882	73 yrs.	Months	Days	Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				11. BIRTHPLACE (State or foreign country):			
Manager				Crisfield, Maryland			
10B. KIND OF BUSINESS OR INDUSTRY:				12. CITIZEN OF WHAT COUNTRY?			
Gas & Oil Distributor				USA			
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
James F. Loreman				Elestine Eliza Tawes			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.		17. INFORMANT & ADDRESS:			
No		216-05-3764		314 Main St. Austin J. Loreman, Jr.- Crisfield, Md.			
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) 420.1 Coronary Thrombosis							3 wks.
ANTECEDENT CAUSE (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, or INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 5, 1956 to Jan 20, 1956, that I last saw the deceased alive on Jan 20, 1956, and that death occurred at M, from the causes and on the date stated above.							
SIGNATURE		ADDRESS		DATE SIGNED			
De Raulley		Crisfield Md.		1/23/56			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		Jan. 23, 1956		Sunnyridge Cemetery		Crisfield, Md.	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
1/23/56		Barbara S. Adams		Bradshaw & Sons—Crisfield, Md.			

BUREAU V. S.

FEB 3 1956

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1947  
 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  
 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. 01025  
 No. 260

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits write RURAL and give nearest town)			
X TOWN Lower Fairmount		18 yrs.		TOWN Lower Fairmount			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED:				4. DATE OF DEATH			
(First) Talbot		(Middle) C.		(Last) Miles		(Month) (Day) (Year)	
(Type or Print)						January 9, 19 56	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
Male	Col.	Married	Mar. 14, 1891	64 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
Seafood				Westover, Md. - Somerset Co. U.S.A.			
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
John Miles				Harriett Cottman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:			
yes		World War I		Mrs. Susie Miles- Lower Fairmount, Md.			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:						INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) Acute coronary heart disease						minutes	
DUE TO							
Antecedent cause(s) (b)							
Diseases or conditions, if any, giving rise to the above cause DUE TO							
stating underlying cause last (c)							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION:				19b. MAJOR FINDING OF OPERATION:			
2							
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY		21c. (City or town) (County) (State)		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE		CHIEF MEDICAL EXAMINER		DEPUTY MEDICAL EXAMINER		DATE SIGNED	
R. J. Johnson M.D.		M. D.		ASSISTANT MEDICAL EXAM.		Jan 11-56	
23. BURIAL, CREMATION, REMOVAL (Specify):		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		1/15/56		John Wesley		Westover, Md. Somerset Co.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
1/11/56		R. J. Johnson, M.D.		Charles H. Ward		Marion Sta. Md.	

95

BUREAU V. S.

JAN 13 1932

RECEIVED

1/13/32



1048

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

## 1. PLACE OF DEATH:

COUNTY Somerset

MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town)

X TOWN Crisfield

LENGTH OF STAY (in this place)

9 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS

McCready Hospital

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland

COUNTY Somerset

CITY (If outside corporate limits, write RURAL and give nearest town)

OR TOWN

Crisfield

STREET ADDRESS

(If rural give location)

Hall Highway

## 3. NAME OF DECEASED:

(First)

(Middle)

(Last)

(Type or Print)

WILLIAM

PAUL

RIGGIN, SR.

## 4. DATE OF DEATH:

(Month)

(Day)

(Year)

January 30 1956

## 5. SEX:

## 6. COLOR OR RACE:

## 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

## 8. DATE OF BIRTH:

## 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.

Male

White

married

Nov. 22, 1893

62

yrs.

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION: Give kind of work done during most of working life, even if retired):

Grocer

## 10b. KIND OF BUSINESS OR INDUSTRY:

Wholesale Grocery

## 11. BIRTHPLACE (State or foreign country):

Crisfield, Md.

## 12. CITIZEN OF WHAT COUNTRY?

USA

## 13. FATHER'S NAME:

John Riggin

## 14. MOTHER'S MAIDEN NAME:

Nancy Matthews

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

No

## 16. SOCIAL SECURITY No.:

215-05-5723

## 17. INFORMANT &amp; ADDRESS:

Hall Highway

Mrs. Winnie E. Riggin-Crisfield, Md.

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1  
Immediate cause

(a)

Cardiac Infarction - myocardial infarction

Interval Between Onset And Death

1 wk.

## Antecedent causes (s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

Coronary Thrombosis

2 wks.

DUE TO

(c)

Coronary atherosclerosis

8 yrs.

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION:

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☐ No ☐

## 21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

## HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 16, 1956, to Jan. 30, 1956, that I last saw the deceased

alive on Jan. 29, 1956, and that death occurred at 2:40 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

David M. Payton

M.D.

Crisfield, Md.

2/1/56

## 23. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## DATE THEREOF

Feb. 1, 1956

## NAME OF CEMETERY OR CREMATORY

Sunnyridge Cemetery

## LOCATION (City, town, or county)

Crisfield, Md.

## (State)

## DATE REC'D BY LOCAL REGISTRAR

2-1-56

## REGISTRAR'S SIGNATURE

Barth S. Adams

## 24. FUNERAL DIRECTOR

Bradshaw &amp; Sons—Crisfield, Md.

## ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BUREAU V. S.

FEB 6 1966

RECEIVED

1

INSTRUCTIONS

**TO ATTENDING PHYSICIAN OF HOSPITAL:** The law requires that the death certificate be filed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## CERTIFICATE OF DEATH

01027

Reg. Dist. No. 065

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>			
COUNTY <u>Somerset</u>		STATE <u>Maryland</u> COUNTY <u>Somerset</u>		CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
CITY OR TOWN <u>Crisfield</u>		LENGTH OF STAY (in this place) <u>3 days</u>		CITY OR TOWN <u>Crisfield</u>		CITY OR TOWN <u>Crisfield</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>McCready Hospital</u>		STREET ADDRESS (If rural give location) <u>115 S. 4th St.</u>		HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>McCready Hospital</u>		STREET ADDRESS (If rural give location) <u>115 S. 4th St.</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) (First) (Middle) (Last) <u>GEORGE EDWARD ROUNDS</u>				<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>January 13 1956</u>			
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>Colored</u>	<b>7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)</b> <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>March 4, 1877</u>	<b>9. AGE last birthday</b> <u>78</u> yrs.	<b>IF UNDER 1 YEAR</b> (Months) (Days)		<b>IF UNDER 24 HRS.</b> (Hours) (Min.)
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Seafood Industry</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Crisfield, Maryland</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	
<b>13. FATHER'S NAME</b> <u>Unknown</u>				<b>14. MOTHER'S MAIDEN NAME</b> <u>Annie Adkins</u>			
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unk.) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT &amp; ADDRESS</b> <u>29 N. Ohio Ave. Walter Rounds-- Atlantic City, N. J.</u>			
<b>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b>						<b>18. MEDICAL CERTIFICATION</b>	
<b>331X IMMEDIATE CAUSE (A)</b> <u>Respiratory Failure</u>						<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>2 hours</u>	
<b>ANTECEDENT CAUSE(S) DUE TO (B)</b> <u>Cerebral Hemorrhage</u>						<u>6 days</u>	
<b>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)</b>							
<b>11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b>							
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)</b>		<b>21b. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)</b>		<b>21c. WHERE DID INJURY OCCUR?</b> (City or town) (County) (State)			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED</b> White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from Jan 7, 1956, to Jan 13, 1956, that I last saw the deceased alive on Jan 13, 1956, and that death occurred at 11 A.M. from the causes and on the date stated above.</b>							
<b>SIGNATURE</b> <u>A. N. Barr</u>				<b>ADDRESS</b> (Street, city, town, state) <u>Crisfield, Md</u>		<b>DATE SIGNED</b> <u>1/17/56</u>	
<b>23. BURIAL, CREMATION, REMOVAL (SPECIFY)</b> <u>Burial</u>		<b>DATE THEREOF</b> <u>Jan. 16, 1956</u>		<b>NAME OF CEMETERY OR CREMATORY</b> <u>Lawsonia Cemetery</u>		<b>LOCATION</b> (City, town, or county) (State) <u>Crisfield, Maryland</u>	
<b>24. REC'D BY REGISTRAR</b> <u>1/30/56</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Bartola L. Adams</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Bradshaw &amp; Sons--Crisfield, Md.</u>			

# CERTIFICATE OF DEATH

13

01137

Book One

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

NAME OF FUNERAL HOME

NAME OF MINISTER

NAME OF CHURCH

NAME OF CEMETERY

NAME OF INTERVIEWER

NAME OF REGISTRAR

NAME OF CLERK

NAME OF ASSISTANT CLERK

NAME OF DEPUTY REGISTRAR

NAME OF DEPUTY CLERK

NAME OF DEPUTY ASSISTANT CLERK

NAME OF DEPUTY DEPUTY REGISTRAR

NAME OF DEPUTY DEPUTY CLERK

NAME OF DEPUTY DEPUTY ASSISTANT CLERK

NAME OF DEPUTY DEPUTY DEPUTY REGISTRAR

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NAME OF DEPUTY DEPUTY DEPUTY DEPUTY REGISTRAR

NAME OF DEPUTY DEPUTY DEPUTY DEPUTY CLERK

NAME OF DEPUTY DEPUTY DEPUTY DEPUTY ASSISTANT CLERK

NAME OF DEPUTY DEPUTY DEPUTY DEPUTY DEPUTY REGISTRAR

NAME OF DEPUTY DEPUTY DEPUTY DEPUTY DEPUTY CLERK

NAME OF DEPUTY DEPUTY DEPUTY DEPUTY DEPUTY ASSISTANT CLERK

BUREAU V. 3

SEP 6 1956

RECEIVED

1

INSTRUCTIONS

**TO ATTENDING PHYSICIAN:** The law requires that the death certificate be filed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 15C 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01028

1950

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>			
COUNTY <u>Somerset</u>		STATE <u>Maryland</u>		COUNTY <u>Somerset</u>			
CITY (If outside corporate limits, write RURAL or end give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL end give nearest town)			
TOWN <u>Crisfield</u>				TOWN <u>Ewell</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>McCready Hospital</u>				STREET ADDRESS (If rural give location) <u>Smith Island</u>			
<b>3. NAME OF DECEASED</b> (Type or Print)				<b>4. DATE OF DEATH</b>			
(First) <u>INFANT</u>		(Middle) <u>SMITH</u>		(Month) <u>January 4</u>		(Day) <u>19</u> (Year) <u>56</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>January 4, 1956</u>	9. AGE last birthday <u>0</u> yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Crisfield, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Harold Smith</u>				14. MOTHER'S MAIDEN NAME <u>Patsy Evans</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS <u>Ewell</u> <u>Clarence Evans— Smith Island, Md.</u>			
<b>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b>						<b>18. MEDICAL CERTIFICATION</b>	
IMMEDIATE CAUSE (A) <u>761.0 Arrest of Anterior Shoulder</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Excessive Weights (124 15 lb.)</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Obesity of mother (229 lbs)</u>							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> A. <input type="checkbox"/>		21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> Not at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 4</u> , 19 <u>56</u> , to <u>Jan 4</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Jan 4</u> , 19 <u>56</u> , and that death occurred at <u>2 P.</u> M, from the causes and on the date stated above.							
SIGNATURE <u>A. N. Ban</u>				ADDRESS (Street, city, town, state) <u>Crisfield, Md.</u>		DATE SIGNED <u>Jan 6, 1956</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Jan. 6, 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Ewell Cemetery</u>		LOCATION (City, town, or county) (State) <u>Ewell, Maryland</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>Barbara J. Adams</u>		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS <u>Bradshaw &amp; Sons—Crisfield, Md.</u>	

2079253X-9

4103

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 10

# CERTIFICATE OF DEATH

Form 10-1-10

1. NAME OF DECEASED

2. SEX  
3. AGE  
4. DATE OF BIRTH  
5. PLACE OF BIRTH

6. OCCUPATION

7. MARITAL STATUS  
8. DATE OF MARRIAGE

9. PLACE OF DEATH  
10. DATE OF DEATH

11. CAUSE OF DEATH  
12. MANNER OF DEATH

13. SIGNATURE OF PHYSICIAN

14. SIGNATURE OF CORONER

15. SIGNATURE OF REGISTRAR

16. SIGNATURE OF WITNESS

17. SIGNATURE OF DECEASED

18. SIGNATURE OF NEXT OF KIN

19. SIGNATURE OF PHYSICIAN

20. SIGNATURE OF CORONER

21. SIGNATURE OF REGISTRAR

22. SIGNATURE OF WITNESS

23. SIGNATURE OF DECEASED

24. SIGNATURE OF NEXT OF KIN

25. SIGNATURE OF PHYSICIAN

26. SIGNATURE OF CORONER

27. SIGNATURE OF REGISTRAR

28. SIGNATURE OF WITNESS

29. SIGNATURE OF DECEASED

30. SIGNATURE OF NEXT OF KIN

BUREAU V. S.

JAN 12 1936

RECEIVED

RECEIVED  
JAN 12 1936  
BUREAU V. S.

1951

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <b>Somerset</b>		MARYLAND		STATE <b>Maryland</b>		COUNTY <b>Somerset</b>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
<b>X</b> TOWN <b>Crisfield</b>		<b>3 months</b>		TOWN <b>Crisfield</b>		<b>39</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>McCready Hospital</b>				STREET ADDRESS (If rural give location) <b>Somerset &amp; Chesapeake Aves.</b>			
3. NAME OF DECEASED: (First) <b>HARRIETT</b> (Middle) <b>ANN</b> (Last) <b>SOMERS</b>				4. DATE (Month) (Day) (Year) OF DEATH: <b>January 22 1956</b>			
5. SEX: <b>Female</b>	6. COLOR OR RACE: <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED: <b>Single</b>	8. DATE OF BIRTH: <b>January 25, 1873</b>	9. AGE last birthday: <b>82</b> yrs.	IF UNDER 1 YEAR: Months Days	IF UNDER 24 HRS: Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <b>None</b>			10B. KIND OF BUSINESS OR INDUSTRY: <b>None</b>	11. BIRTHPLACE (State or foreign country): <b>Crisfield, Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME: <b>Sidney B. Somers</b>				14. MOTHER'S MAIDEN NAME: <b>Adelia Sterling</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <b>No</b>		16. SOCIAL SECURITY No.: <b>None</b>		17. INFORMANT & ADDRESS: <b>Somerset &amp; Chesapeake Miss Gertrude Somers- Crisfield, Md.</b>			
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <b>450.0 Aorta Myocardial Failure</b>							<b>2 mo</b>
ANTECEDENT CAUSE (B) <b>Arteriosclerosis</b>							<b>years</b>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <b>Passive Congestion of dependent parts - Pericardial Effusion - Fracture of Hip</b>							<b>1 yr -</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <b>0</b>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, or INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Aug., 1955</b> , to <b>Jan. 22, 1956</b> that I last saw the deceased alive on <b>Jan. 22, 1956</b> , and that death occurred at <b>5 A.M.</b> from the causes and on the date stated above.							
SIGNATURE <b>Sarah M. Peyton</b>		ADDRESS <b>M. D. Crisfield, Md.</b>		DATE SIGNED <b>1/26/56</b>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		DATE THEREOF <b>Jan. 24, 1956</b>		NAME OF CEMETERY OR CREMATORY <b>Crisfield Cemetery</b>		LOCATION (City, town, or county) (State) <b>Crisfield, Maryland</b>	
DATE REC'D BY LOCAL REGISTRAR <b>1/24/56</b>		REGISTRAR'S SIGNATURE <b>Barbara S. Adams</b>		24. FUNERAL DIRECTOR ADDRESS <b>Bradshaw &amp; Sons--Crisfield, Md.</b>			

BUREAU V. S.

FEB 3 1956

RECEIVED



## CERTIFICATE OF DEATH

Reg. Dist. No. 265

1052

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <b>Somerset</b>		MARYLAND		STATE <b>Maryland</b>		COUNTY <b>Somerset</b>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X <b>TOWN</b> <b>Crisfield</b>		<b>8 days</b>		OR <b>TOWN</b> <b>Crisfield</b>		<b>39</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
<b>29</b> <b>McCready Hospital</b>				<b>Mohanson's Creek Rd.</b>			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE OF DEATH: (Month) (Day) (Year)			
<b>CHARLES</b> <b>EDWARD</b> <b>STERLING</b>				<b>January 31 19 56</b>			
5. SEX:		6. COLOR OR RACE:		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH:	
<b>Male</b>		<b>White</b>		<b>married</b>		<b>April 1, 1884</b>	
						9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.	
						<b>71</b> yrs. Months Days Hours Min.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired.				10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):	
<b>Waterman</b>				<b>Seafood Industry</b>		<b>Crisfield, Md.</b>	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<b>Jerome Sterling</b>				<b>Josephine Sterling</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:	
<b>No</b>						<b>Johnson's Creek Rd.</b>	
						<b>Mrs. Lydia Nelson Sterling—Crisfield, Md.</b>	
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause (a) <b>Cerebral Thrombosis &amp; hemiplegia</b>							
Antecedent causes (s) (b) <b>Arterio-sclerosis</b>							
DUE TO							
DUE TO							
DUE TO							
II. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY ?							
Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY)	
		INJURY					
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR ?			
		m.					
22. I hereby certify that I attended the deceased from <b>Dec 8, 1955</b> , to <b>Jan 31, 1956</b> , that I last saw the deceased alive on <b>Jan 31, 1956</b> , and that death occurred at <b>11:42m</b> , from the causes and on the date stated above.							
SIGNATURE				ADDRESS		DATE SIGNED	
<b>C. Hawley M.D.</b>				<b>Crisfield, Md.</b>		<b>2/2/56</b>	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<b>Burial</b>		<b>Feb. 2, 1956</b>		<b>Sunnyridge Cemetery</b>		<b>Crisfield, Md.</b>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<b>2-2-56</b>		<b>Barbara S. Redmond</b>		<b>Bradshaw &amp; Sons--Crisfield, Md.</b>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 14 1956

BUREAU V. S.

1

INSTRUCTIONS

**TO ATTENDING PHYSICIAN:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## CERTIFICATE OF DEATH

Reg. Dist. No.

01030

265

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <b>SOMERSET</b>		STATE <b>MARYLAND</b>		COUNTY <b>SOMERSET</b>			
CITY (If outside corporate limits, write RURAL OR and give nearest town) <b>Crisfield</b>		LENGTH OF STAY (in this place) <b>4 weeks</b>		CITY (If outside corporate limits, write RURAL and give nearest town) <b>Crisfield</b>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>McCready Hospital</b>		STREET ADDRESS <b>201 Myrtle St.</b>					
3. NAME OF DECEASED (First) <b>BENJAMIN</b> (Middle) <b>TAYLOR</b> (Last)				4. DATE OF DEATH (Month) <b>January</b> (Day) <b>16</b> (Year) <b>19 56</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 12, 1879</b>	9. AGE last birthday <b>76</b> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bridge Tender</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>City of Crisfield</b>		11. BIRTHPLACE (State or foreign country) <b>Accomack County, Virginia</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>John Taylor</b>				14. MOTHER'S MAIDEN NAME <b>Mary Frances Parrott</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <b>No</b> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>214-03-5104</b>		17. INFORMANT & ADDRESS <b>J. Willard Taylor-- 201 Myrtle St. Crisfield, Md.</b>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
292.4 IMMEDIATE CAUSE (A) <b>Cardiac Failure</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 hours</b>			
ANTECEDENT CAUSE(S) DUE TO (B) <b>Aplastic Anemia</b>				<b>10 mo.</b>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <b>Undetermined Cause</b>							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>March 4, 19 55</b> , to <b>Jan 16, 19 56</b> , that I last saw the deceased alive on <b>Jan 16, 19 56</b> , and that death occurred at <b>3 P.M.</b> from the causes and on the date stated above.							
SIGNATURE <b>A. N. Barn</b>				ADDRESS (Street, city, town, state) <b>Crisfield, Md.</b>		DATE SIGNED <b>1/17/56</b>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		DATE THEREOF <b>Jan. 18, 1956</b>		NAME OF CEMETERY OR CREMATORY <b>St. Paul's Cemetery</b>		LOCATION (City, town, or county) (State) <b>Marion Station, Md.</b>	
24. REC'D BY REGISTRAR <b>1/30/56</b>		REGISTRAR'S SIGNATURE <b>Barbara S. Adams</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Bradshaw &amp; Sons--Crisfield, Md.</b>			



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1034  
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01010  
Reg. Dist.

No. 260

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Somerset</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Somerset</u>
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Eden</u>	LENGTH OF STAY (in this place) <u>all life</u>	CITY (If outside corporate limits write RURAL and give nearest town) TOWN <u>Eden</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <u>Route 1</u>	
3. NAME OF DECEASED: (Type or Print)		4. DATE OF DEATH	
(First) (Middle) (Last) <u>Ernest James Christopher</u>		(Month) (Day) (Year) <u>Jan 3 1956</u>	
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH: <u>?</u>
9. AGE last birthday: <u>53</u> yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Mill</u>	
11. BIRTHPLACE (State or foreign country): <u>Eden Md Somerset Co</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>James Christopher</u>		14. MOTHER'S MAIDEN NAME: <u>Flourine Waters</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.:	
		17. INFORMANT & ADDRESS: <u>Mary Christopher Eden Md.</u>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:			INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause (a) <u>Acute Coronary Occlusion</u> DUE TO			
Antecedent cause(s) (b) <u>Chronic Myocarditis</u> DUE TO			2 year
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) <u>Hypertension</u>			2 years.
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY)	21c. (City or town)	(County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
SIGNATURE <u>R.D. Johnson</u>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED DEPUTY MEDICAL EXAMINER <input type="checkbox"/> M. D. ASSISTANT MEDICAL EXAM. <input checked="" type="checkbox"/> <u>Jan 5-56</u>	
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>	DATE THEREOF <u>1-8-56</u>	NAME OF CEMETERY OR CREMATORY <u>Flower Hill Cem.</u>	LOCATION (City, town, or county) (State) <u>Eden, Md.</u>
DATE REC'D BY LOCAL REG. <u>1/6/56</u>	REGISTRAR'S SIGNATURE <u>R.D. Johnson, M.D.</u>	24. FUNERAL DIRECTOR <u>William H. James Jr. Funeral Home, 212</u>	
		ADDRESS	

RECEIVED



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1054

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01031  
Reg. Dist.

No. 360

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Princess Anne</u>				CITY (If outside corporate limits write RURAL and give nearest town) TOWN <u>Princess Anne - Md.</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED: (Type or Print)				4. DATE OF DEATH			
(First)		(Middle)		(Last)		(Month) (Day) (Year)	
<u>William</u>		<u>E</u>		<u>White</u>		<u>Jan 28 1956</u>	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>Male</u>	<u>W</u>	<u>Married</u>	<u>Sept 29, 1899</u>	<u>56</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):	
<u>Barbering</u>				<u>Indefinite</u>		<u>Princess Anne, Md.</u>	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<u>William E. White</u>				<u>Sarah Hayman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)				16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:	
<u>No</u>						<u>Robert White Princess Anne</u>	

18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:						20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<p>Immediate cause (a) <u>Acute coronary heart disease</u></p> <p style="text-align: center;">DUE TO</p> <p>Antecedent cause(s) (b) <u>was dead when I saw him</u></p> <p>Diseases or conditions, if any, giving rise to the above cause (c) <u>stating underlying cause last</u></p> <p style="text-align: center;">DUE TO</p>							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION:							
19b. MAJOR FINDING OF OPERATION:							
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY		21c. (City or town) (County) (State)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
<p>22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/>, Inspection <input checked="" type="checkbox"/>, Inquiry <input checked="" type="checkbox"/>, and find that death resulted from: Natural causes <input checked="" type="checkbox"/>, Accident <input type="checkbox"/>, Suicide <input type="checkbox"/>, Homicide <input type="checkbox"/>, Undetermined cause <input type="checkbox"/>.</p> <p>SIGNATURE <u>R. H. Johnson</u> CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED <u>Jan. 30-56</u></p> <p>M. D. DEPUTY MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAM. <input type="checkbox"/></p>							
23. BURIAL, CREMATION, REMOVAL (Specify):		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>2/2/56</u>		<u>John Wesley Cem.</u>		<u>Princess Anne, Maryland</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR ADDRESS			
<u>2/2/56</u>		<u>R. H. Johnson, M.D.</u>		<u>William H. James, Jr. Princess Anne</u>			



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FEB 6 1956

BUREAU V. S.